



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 27, 2007

Jacqueline Warren, Administrator
Bridge Assisted Living at Sandpoint, Sandpoint Med
1123 N Division St
Sandpoint, ID 83864

License #: RC-610

Dear Ms. Warren:

On March 27, 2007, a state licensure survey was conducted at Bridge Assisted Living At Sandpoint, Sandpoint Medical Investors. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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April 9, 2007

Jacqueline Warren, Administrator
Bridge Assisted Living at Sandpoint
1123 N Division St
Sandpoint, ID 83864

Dear Ms. Warren:

On March 27, 2007, a State Licensure survey was conducted at Bridge Assisted Living at Sandpoint. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 26, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'JS' followed by a stylized flourish.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R610	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2007
NAME OF PROVIDER OR SUPPLIER BRIDGE ASSISTED LIVING AT SANDPOINT, S/			STREET ADDRESS, CITY, STATE, ZIP CODE 1123 N DIVISION ST SANDPOINT, ID 83864		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey conducted at your facility. The surveyors conducting the standard health care survey were:</p> <p>Debbie Sholley, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Sydney Braithwaite, RN Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TZ9D11

If continuation sheet 1 of 1



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BUREAU OF FACILITY STANDARDS
P.O. Box 83720
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Bridge Assisted Living at Sandpoint</i>	Physical Address <i>1123 North Division Street</i>	Phone Number <i>(208) 263-1524</i>
Administrator <i>Jockie Warren</i>	City <i>Sandpoint</i>	ZIP Code <i>83864</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Standard Survey</i>	Survey Date <i>3/27/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.02	The RN did not assume medication orders were current for Residents #1, 3, 4 and 7.		
2	305.07	The RN did not review Resident #7's use of all pre-scribed and over the counter medications.		
3	310.01	Resident #7, rooms #107 and 202 had medic-sets in rooms that were not filled by a nurse or pharmacist. The facility ^{used} a house supply of OTC medications rather than individual supply for each resident.		
4	650.04	Resident #4 did not have a current UAI.		
5	625.01	The facility did not assure 3 of 4 staff reviewed had initial orientation.		

Response Required Date <i>4/27/07</i>	Signature of Facility Representative <i>Jockie Warren S.M.</i>	Date Signed <i>3/27/07</i>
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